Alabama School Bus Driver
Return to Work Authorization

This form must be completed and signed by the driver and their physician and submitted to the local transportation supervisor.
The local transportation supervisor, driver, or physician may, as necessary, contact the SDE Pupil Transportation Section at 334-242-9730 for assistance.

Applicant Name: _____ School System/Agency: _____

Applicant Driver License Number: _____ Driver License Issued by: _____ (State)

Date of Birth: _____ Address: _____ (Street) (City) (State) (Zip)

Telephone Number: ( ) _____ Supervisor's Name: _____

Brief description of medical condition: (Please print clearly) _____

I hereby attest by my signature below that the information submitted above is true and correct. I understand that my physician is providing information in this document that attests to my ability to safely transport students and perform all the tasks and duties that are required in my position as a school bus driver. I further understand that, as necessary, this information may be provided to the Alabama State Department of Education, Pupil Transportation Section.

Applicant Signature: _____ Date: _____

To be completed by a Duly Licensed Physician

Brief description of driver's medical condition: (Please type or write legibly.)

Description of treatment provided to driver:

Medications being taken by the driver as a result of this medical condition:

Description of driver's current medical condition:

I have examined and treated the above-named school bus driver and verify the aforementioned medical condition. I understand that this driver performs the safety-sensitive function of transporting students and affirm that the driver's condition and return to duty as a school bus driver will in no way jeopardize the safety of the students they transport, the driver, other motorists, or pedestrians.

Signed: _____ Address: _____

Name Printed: _____ Licensed in (State): _____ Lic. No. _____

Date: _____ Telephone Number: ( ) _____

Notes to the physician:

1. The physician should be aware of Federal DOT requirements for commercial motor vehicle drivers and the physical, mental, and emotional demands/responsibilities placed on a school bus driver. In the interest of public safety, the examining physician is required to certify that the driver does not have any physical, mental, or organic defect of such a nature as to affect the driver's ability to operate safely a school bus which is defined as a safety sensitive position. **The driver's return to work will be permitted only if doing so will in no way jeopardize the safety of students, the driver, other motorists, or pedestrians.**

2. THIS REPORT MUST BE SIGNED PERSONALLY BY PHYSICIAN AND RETURNED TO APPLICANT OR TO THE SCHOOL SYSTEM/AGENCY REQUESTING THE INFORMATION.

3. The driver's return to work will be reviewed, as necessary, with respect to state laws and procedures applicable to Alabama school bus drivers, the Alabama Minimum Specifications for School Buses, the National Congress on School Transportation Specifications and Procedures, the Federal Motor Vehicle Safety Standards and other applicable regulations. The final decision to place the driver back to work lies with the local education agency and not the Alabama State Department of Education.